FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT #	177488	(4)							
	AHASSEE MEMO	ry gardens i	NC					1 100 6 181 2 100 11 10 2 2 1 10 6 3 1 10 10 10 1	AIAI ABA BIRIJ BIRIJ	Bidle Bidde Arbii 6(8)) bhai
2: :! =					· ·					
Principal Place of Business			Maling Address					* *************************************	#1#4 \$\$P1 \$1\$15 \$1\$10 ;	
4037 NORTH MONROE ST TALLAHASSEE FL 32303			4037 NORTH MONROE ST TALLAHASSEE FL 32303							
								3. Date Incorporated or Qualified 02/23/1954	3a. Date of L 09/	ast Report 26/1995
2. Principal Pla	ice of Business	<u>├</u> -¬	2a. Mailing Address					4. FET Number	,_L	Applied For
Suite, Apt. #, etc.			Suite, Apt #, etc.					59-0729434		Not Applicable
22			27					5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing		5.00 May Be	
23 Zip	Countr		·			Country		Trust Fund Contribution 8. This corporation has liability for		Added to Fees
24	25		29 30		_ '				intang bie tax un No	ders 199.032,
	9. Name and Addre	ss of Current Regis	tered Agent					10. Name and Address of New F	legistered Age	nt
TALALA	MUN D				81	Name	е			
	JOHN R WILD OLIVE AVE				82	Street	t Addres	s (P.O. Box Number is Not Acceptat	ole)	
	NA BEACH FL 3201	18			83					
=	· · · · · · · · · · · · · · · · · · ·				84	City			la:	T = 0 .
						City			FL 85	
					above n the corpo	arned c	corporati s board	on submits this statement for the pur of directors. I hereby accept the app	pose of changing	g its registered office
rairillai vviti	n, and accept the obliga	itions of, Section 607.	0505, Florida Statute	is.	******			or oncorons i invocy account the app	alluneill as reg-	жогьо адель тапт
SIGNATURE _	Signature typed or printed name	orrespotence; agreet and the by	acceana (N	DIE RIG	fered Agent	Si Inalbise	enterolica Lw	haranga salatang	DATe	
12.	· 	PERCERS AND DIREC	CTORS		13.			ADDITIONS/CHANGES TO OFF		ECTORS IN 12
TITLE	D	DD 1	☐ DELETE		1 1 TITLE				Ch	range 🔲 Addition
NAME STREET ADDRESS	TIMMER, WILLA 1428 BELLEVUE				1.2 NAME					
CITY-SI-ZIP	DAYTONA BEAG			1	1.3 STREEL A		'			
TITLE	P)11, Y L 00000	T) DELETE		14 CIFY - ST 2 1 TITLE	ZIP	<u>-</u> -	White the state of	☐ Ch	ange
NAME	DIXON, PATRIC	A T			2.2 NAME					ange L_FA(IO(IOI)
STREET ADDRESS	4037 N MONRO				2.3 STREET ADDRESS					
CHTY-ST-ZIP	TALLAHASSEE,	FL 00000			2 4 CITY - S'	-ZP				
TITLE	SD		DELETE		3 1 TITLE				Ch.	ange 🔲 Addition
NAME Azoset Labares	TIMMER, MARIL				3.2 NAME					
STREET ADDRESS City-St-Zip	1428 BELLEVUE				33 STREET.		5			
TITLE	DAYTONA BEAC	ın, FL UUUU	DELETE		3 4 CITY - ST 4 1 TITLE	- 201	- 			
NAME			Dateil		4 2 NAME				Chi	ange Addition
STREET ADDRESS					4 3 STREET A	ODRESS				
CITY-ST-ZIP					4.4 CITY - ST					
TITLE			DELETE	-	5 1 TIELE				☐ Cha	ange 🔲 Addition
NAME					5 2 NAME					
STREET ADDRESS					5 3 STREET A	DDRESS	Ì			
DITY-ST-ZIP TITLE			DELETE		5 4 CITY-SI	7(F	 			
NAME			C) orrest		6 1 THLE 6 2 NAME				, 🔲 Cha	ange 🔲 Addition
STREET ADDRESS					ozname 63 STREELA	hnores				
CITY - ST - ZIP					6 4 CITY - SI					
14. I do hereby	certify that the informati	on supplied with this	fling is voluntarily fur	ushed s	and done	not ou	alify for t	he exemption stated in Section 119.	07(3)(k). Florida S	Statutes. I further
oath; that I		r of the corporation or	i or suppiernental ann The receiver or truste	iua: repi	ort is true hwered to			and that my signature shall have the sport as required by Chapter 607, Flo		

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR